

Florida

AIDS Rate per 100,000

27.3*

State Funds for HIV Early Intervention Services

State Expenditures	
Required Base	SFY 2008 Expenditures Maintenance
\$0	\$0
SAPT EXPENDITURES	
FY 2006 HIV Set-Aside	FY 2009 Planned
\$4,715,868	\$4,905,126

FY 2010 SAPT Reports

Florida contracts with substance abuse providers to provide HIV early intervention services. Services provided include pre/post test counseling, HIV rapid testing, stress management, risk reduction/behavioral change strategies, health promotion, case management, outreach linkages.

HIV Early Intervention Services Provided							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
√		√	√	√	√	√	√

State Narrative Summary

In FY 2006-2007, Florida discharged 16,013 individuals from substance abuse treatment who received HIV Early Intervention Services. Among individuals receiving any type of substance abuse service (treatment or non-treatment) 26,294 received HIV education and 9,669 received HIV tests. The range of HIV services included client education, screening and pre and post HIV test counseling, mandatory offering of confidential HIV testing (blood draw, Ora Sure Saliva and rapid testing), and linkage and case management for any therapeutic measures needed by HIV positive individuals. Forty-one substance abuse treatment providers under contract with the State provided HIV Early Intervention Services. Additionally, contracted substance abuse agencies provided 24,305 outreach contacts and 3,403 HIV tests to substance abusing individuals in the community. The SSA worked with the State Department of Health to coordinate and conduct a five-part series of collaborative cross-trainings statewide as additional support for this initiative.

*THE MOST RECENT DATA PUBLISHED PRIOR TO OCTOBER 1, 2008 BY THE CDC IS TABLE 14, REPORTED AIDS CASES AND ANNUAL RATES (PER 100,000 POPULATION), BY AREA OF RESIDENCE AND AGE CATEGORY, CUMULATIVE THROUGH 2005-UNITED STATES, HIV/AIDS SURVEILLANCE REPORT 2005 VOL. 17, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION, DIVISION OF HIV/AIDS, PREVENTION, SURVEILLANCE, AND EPIDEMIOLOGY. SINGLE COPIES OF THE REPORT ARE AVAILABLE THROUGH THE CDC NATIONAL PREVENTION INFORMATION NETWORK, 800-458-5231 OR 301-562-1098 OR [HTTP://WWW.CDC.GOV/HIV/TOPICS/SURVEILLANCE/RESOURCES/REPORTS/2006REPORT/TABLE14.HTM](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table14.htm).

Full State Narrative

FY 2006 (COMPLIANCE)

Florida's Department of Health epidemiological data for HIV/AIDS cases at the county level were used to determine the allocation of the set-aside funds. The total number of HIV/AIDS cases by county were totaled by SPA to determine Florida's allocation methodology among geographic areas with funds allocated based on the SPAs' percent of total HIV/AIDS cases in Florida. This is updated every three years. All regions of the state received set-aside funds and most rural areas that have substance abuse treatment services also have HIV Early Intervention Services.

There were 41 substance abuse treatment providers in SFY 2005-06 under contract to provide HIV Early Intervention Services. 17,572 individuals in substance abuse treatment received some HIV services and 13,494 received HIV Early Intervention Services, with 5,243 of these reported as receiving actual HIV test, and 28,770 received HIV educational services.

These services are located at the substance abuse treatment site and are designed to provide the core program model prescribed in 45 CFR Part 96.128. Florida's model also incorporates bereavement issues, stress management, risk reduction/behavioral change strategies, nutritional strategies, health promotion, case management, outreach linkages and quality of life improvement for individuals identified as HIV positive or living with AIDS. Services were provided on a voluntary basis to all willing clients admitted for treatment in those provider agencies. These are designated as "Confidential Test Sites" by the Florida Department of Health.

Reports of individuals discharged during 2006-07 from the statewide Substance Abuse and Mental Health data warehouse indicate the number of people in treatment who received HIV services:

- HIV Early Intervention Services – 16,013 (9,653 males/6,360 females)
- HIV Education – 26,294 (16,484 males /9,809 females)
- HIV Tests – 9,669 (5,547 males/4,122 females)
- TB Services – 11,490 (7,308 males/4,182 females)
- TB Tests – 9,157 (5,896 males/3,261 females)

In 2006-07, annual block grant reports for HIV Early Intervention Service projects were collected for the first time in the online Survey Monkey. Information about the program and services provided were solicited, as well as self report confirmation of compliance with HIV Early Intervention Program requirements. Highlights of results are:

- 35,598 risk assessments were provided.
- 3,365 individuals refused to be tested (9.45% of those screened).
- 271 individuals self reported as HIV positive (.76% of those tested).
- 13,982 individuals were tested for HIV (39% of individuals screened).
- 240 individuals tested positive for HIV (1.72% of individuals tested).
- 11,179 received post test counseling (80% of individuals tested).
- 2,939 individuals were referred or linked to AIDS organizations or county public health for additional HIV, infectious disease, or health services.

Substance abuse provider model contract requires compliance with HIV Early Intervention Services requirements of the block grant. SPA staff monitor all providers who receive block grant funds to ensure compliance. Discharge reports in the Florida One Family Substance Abuse and Mental Health Statewide Data

System document HIV Early Intervention Services provided by client. Data about actual test results can be obtained from the Florida Department of Health for Drug Treatment sites using the state lab and for the number who test positive for HIV. These are periodically monitored.

Efforts continued to support strong collaboration with the Florida Department of Health to address provider training needs, and to plan for improved HIV/AIDS prevention and intervention, The provider network of HIV Early Intervention programs was regularly informed and involved in statewide major events and initiatives coordinated by the State Health Office, Bureau of HIV/AIDS. These providers work with local HIV/AIDS prevention and Ryan White providers in the community on event such as World AIDS Day (December 1 annually), National Black AIDS Awareness Day (February 7 annually), National Latino AIDS Awareness Day (October 15 annually), and National HIV Testing Day (June).

In 2006, the Substance Abuse Program Office participated with the Florida Dept. of Health in coordinating and conducting a five-part series of collaboration cross trainings throughout the state, supported through the SAMHSA funded technical assistance project. In addition to the wealth of special HIV/AIDS trainings offered through various venues throughout the state, during the Fall 2006 Florida Alcohol and Drug Abuse Conference, the State Health Office provided special trainings and sessions related to HIV/AIDS, TB and Hepatitis.

In 2005-06, Florida continued its Memorandum of Agreement (MOA) with the Florida Department of Health to provide administrative support, data collection, site certification and training for HIV Rapid Testing in 17 targeted sites. \$20 thousand of the HIV Early Intervention set-aside funds support this effort with the Dept of Health providing substantial leveraged technical expertise and staff support for this initiative.

FY 2008 (PROGRESS)

The state continued the baseline allocation to geographic areas. 41 providers were funded in 2007-08 for HIV Early Intervention Projects throughout the state. Substance abuse provider model contract require compliance with HIV/AIDS requirements of the block grant. SPA staff monitor all providers who receive block grant funds to ensure compliance. No compliance problems were identified.

Allocations by region are as follows:

Northwest	\$159,808
Northeast	\$428,730
Central	\$748,012
Suncoast	\$720,942
Southeast	\$1,186,357
Southern	\$1,308,756

All HIV Early Intervention (EI)sites continued to be offered the opportunity to implement HIV Rapid Testing and those sites who indicated an interest were provided with technical assistance and support. In 2006-07, the state decided to opt out of the SAMHSA Rapid Testing Initiative, given associated workload issues for both the state and participating providers, combined with the lack of availability of additional free rapid test kits. However, during 2006-07 and 2007-08, the state continued to provide support for the 17 existing sites providing rapid testing. These included a mix of HIV Early Intervention Project sites, Substance Abuse IDU outreach projects, and SAMSHA grantee projects. Ten of the HIV Early Intervention Projects provided HIV Rapid Testing, and several others obtained Rapid Testing training with plans to possibly begin this administer this type test in the future.

All of the HIV Early Intervention Projects also offer OraSure saliva tests, with the exception of one Rapid Test site. Some providers report use of Western Blot confirmation for blood specimens and Enzyme Immunosorbent Assay (EIA). During 2006-07, the state health lab provided test kits, lab analysis and results free of charge to all of these projects, using federal grant monies to the Florida Department of Health, Bureau of HIV/AIDS. All of the HIV EI projects are confidential sites, and eight sites offer anonymous testing also. Projects staffing ranges from 11 (Suncoast substance abuse network provider and South Florida Network provider) to one staff person for many providers in the state. HIV risk assessments are provided either as a part of the initial treatment provider assessment for admission, as a separate assessment, or both for most providers. Most of these project report provision of the expanded model for extra counseling services, and one Miami provider additionally reports participation in clinical HIV/AIDS trials.

The Department of Health provided these sites with Rapid Test Kits from State Health's resources because the current sites are designated as high priority sites by health. No HIV Early Intervention provider that is interested in implementing rapid testing and that is willing to comply with related requirements will be denied. Thus, the state continues to be committed to implementation of rapid testing in strategic areas when providers are willing to participate. Many providers, however, are content with OraSure saliva tests for clients who are in ongoing treatment. Strategies for continued long-term funding for the rapid test kits are being explored with consideration for paying for these tests out of Florida's HIV Early Intervention set-aside from the SAPTBG.

In addition to the wealth of special HIV/AIDS trainings offered through various venues throughout the state, the State Health Office provided an optional preconference day related to HIV /AIDS during the annual Florida Alcohol and Drug Abuse Conference which occurred August 22-24, 2007. This included a session on HIV Risk and Testing Behaviors among Injecting Drug Users.

The Florida State Health Office continued to participate with the State Substance Abuse Program Office liaison in the in the quarterly conference calls of state HIV/AIDS coordinators facilitated by the National Association of State Alcohol and Drug Abuse Directors.

The Florida HIV/AIDS Community Planning Group included a substance abuse consumer or specialized worker as an at large member representing special substance abuse interest in development of the states HIV/AIDS Prevention Plan. This plan continued to include substance abusers as six of its 13 priority populations for intervention: white, black and Hispanic injecting drug users and injecting drug users/male sex male.

Requirements related to HIV Early Intervention Services were evaluated as a part of Florida's FY 2007-08 (February 2008) Core Technical Review of the Florida Substance Abuse Program Office (SAPO) conducted by JBS International, Inc., under contract with the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). No issues related to Florida compliance with assurances required under Goal 6 of this application were identified, except for request for clarification regarding the MOE requirement. Florida responded with clarification that Florida has never used non-federal funds to support HIV Early Intervention Services at substance abuse treatment provider sites.

FY 2009 (INTENDED USE)

Goal: To provide treatment for persons with substance abuse problems with an emphasis in making available within existing programs HIV Early Intervention Services in areas of the state that have the greatest need for such services and to monitor such service delivery.

Objective: Treatment for persons with substance abuse problems will be provided with an emphasis on making available HIV Early Intervention Services to the majority of individuals who enter DCF contracted substance abuse treatment programs in Florida. These programs will be located in all circuits of the department and will be available through all of Florida's large providers of substance abuse treatment under

contract with the DCF. The service delivery system will be monitored utilizing a monitoring tool that incorporates the guidelines in 45 C.F.R. 96.128, annual reports by HIV Early Intervention Service providers, and provider data submitted to the Substance Abuse and Mental Health Data Warehouse.

Activities:

- Continue to update the funding allocation methodology for HIV Early Intervention services to ensure that funding is included in all of the newly created department circuits based on most recent information about the number of HIV/AIDS cases in each circuit. Provide circuit with county HIV/AIDS prevalence to consider when making funding/contract allocation within the circuit's geographic area.
- Monitor federal block grant compliance, compliance with state HIV/AIDS statutes, regulations and guidelines through contract monitoring and annual provider reports.
- Analyze data on HIV Early Intervention services provided and HIV test results.
- Continue to coordinate with the Florida Department of Health to ensure provision of AIDS/HIV/TB services in compliance with rules, regulations and guidelines, specifically:
 - Identify educational/training resources and events for providers, facilitate provision of appropriate education, and notify providers when education and training will occur.
 - Encourage networking between the local agencies that serve the HIV and substance abuse population.
 - Continue to coordinate with the Florida Department of Health, Bureau of HIV/AIDS, to identify issues and progress in substance abuse treatment provider performance for HIV counseling and testing, specifically focusing on the HIV Rapid Testing implementation in 17 targeted Substance Abuse program sites.
 - Continue to invite the Florida Department of Health, Bureau of HIV/AIDS to participate with the state Substance Abuse Program Office liaison in the National Association of State Alcohol and Drug Abuse Directors' conference calls and email list serve for Substance Abuse HIV/AIDS Program Coordinators.
 - Participate in the Corrections Infectious Disease workgroup facilitated by the Florida Department of Health, Bureau of HIV/AIDS, and disseminate relevant information from that workgroup to substance abuse treatment providers providing HIV/AIDS services.

HIV Early Intervention Services

All clients receiving Department of Children & Families contracted substance abuse treatment services must be provided with HIV risk assessments and referrals to public health or private providers if in house capacity does not exist for HIV testing. However, most of the substance abuse providers under contract with the Department have capacity to test for HIV, either rapid testing, OraSure saliva tests, or traditional testing using blood draws.

In FY 2005-06 and 2006-07, all of Florida's SPAs received early intervention set-aside funds to implement services which target intravenous drug users and others at high risk for HIV/AIDS. In 2005-06, there were 41 service providers under contract with the Department providing HIV Early Intervention Services.

Department of Health epidemiological data of AIDS cases were used to determine the allocation of the set-aside funds. The most recent prevalence rate of individuals living with HIV/AIDS from each county was

calculated and subtotaled for each SPA, then calculated as a percentage of the statewide total. This determined Florida's funding allocation methodology among geographic areas/SPAs. Thus, funds are allocated to each SPA as a percentage of the total people in the state living with HIV/AIDS. This replaced the previous allocation methodology that relied exclusively on the cumulative prior 3-year AIDS rate to determine relative need. Mandatory HIV name reporting has been in place in Florida long enough now that new HIV infections are routinely reported and included in Health epidemiological data.

Maintenance of effort for HIV Early Intervention Services - The MOE for HIV Early Intervention is related to non-federal expenditures. In Florida, non-federal funds have never supported HIV Early Intervention Services as HIV EI projects are defined in the federal law and interim final rule. Therefore, there is no non-federal funding amount to maintain and no dollar amount is specified for the MOE for HIV Early Intervention Services in Florida.

In 2005-06, according to discharge reports in the SAMH data system, 17,572 clients received HIV Early Intervention Services and 28,770 received HIV educational services. HIV Early Intervention was selected as a service provided to 28 percent of all discharges, and discharge reports indicate that 13 percent of whites and 17 percent of blacks received HIV tests. Of those clients discharged in 2006-07: 16,013 (9,653 males/ 6,360 females) received HIV Early Intervention Services; 26,294 (16,484 males/ 9,809 females) received HIV Education; 9,669 (5,457 males/4,122 females) received HIV Tests.

Additional data reported through HIV Early Intervention Project annual reports are included under 2006 compliance for Goal 6: HIV Early Intervention.

Over six thousand HIV Rapid Tests were reported through these same providers and SAMSHA grantee sites during this same period through the State Health data base. Information from this data base indicate that the HIV positive rate in HIV Early Intervention sites tends to be similar to the rate reported through State Health sites; some years the rate is lower and some higher. For example, in 2002 the positivity rate from Health sites was 2.3% and from Substance Abuse HIV Early Intervention sites was 2.7%. Yet, in 2004, the positivity rate from Health sites was 1.9% and from Substance Abuse HIV Early Intervention sites was 1.3%.

These services are located at the substance abuse treatment sites and are designed to provide the core program model prescribed in 45 CFR Part 96.128. Florida's model approved through prior block grant applications also allows for expanded counseling and case management services for individuals identified as HIV positive or living with AIDS. HIV Early Intervention Services are available to most clients served in treatment, and if not contracted to a specific agency, at minimum, HIV counseling and testing services are provided by referral to public county health units. This is the Florida Model for HIV Early Intervention Projects.

Testing Services:

- HIV testing
- Confirmation testing
- Diagnostic Services
- Diagnosing immune system deficiency
- Therapeutic measures Counseling
- HIV pre/test counseling
- HIV post/test counseling
- Bereavement issues
- Stress management
- Risk reduction/behavioral change
- Nutritional strategies/health promotion
- Quality of life improvement

- **Case management related to HIV/AIDS**

While maintaining the integrity of the HIV Early Intervention Project at the site of the treatment provider, in high HIV prevalence area of the state, the IDU Outreach is sometimes conducted by some of the same staff that provide HIV Early Intervention to clients in treatment. Outreach services are required to be provided, at minimum, by a lead provider on behalf of all the treatment service providers serving IDUs in a designated geographic area. If the outreach program does not provide HIV testing, the client may be referred to the HIV Early Intervention Program for HIV pre- and post- test counseling and testing, or referred to the county public health unit. This is handled differently among providers throughout the state, primarily contingent on the funding and capacity of the HIV Early Intervention Projects. If HIV is identified either through self report or test results, the outreach staff would coordinate linkage with HIV service providers on behalf of the client.

Commitment to client and staff HIV/AIDS education is reinforced through the substance abuse licensure rule. An HIV/AIDS confirmation is required of all licensed substance abuse treatment providers affirming that all employees of the agency have completed within six months of hire the basic 2 hour HIV/AIDS education course required by the DCFS, and affirming that they will receive a two hour update biannually. The confirmation also requires affirmation that age and culturally appropriate HIV/AIDS education will be provided to persons receiving services based on educational, cognitive, and other levels of functioning. Such courses must encompass modes of transmission, infection control procedures, clinical management, and prevention of HIV/AIDS, with emphasis on appropriate behavior and attitude change. Current Florida law and its impact on testing, confidentiality of test results, and treatment of patients must be addressed.

The Substance Abuse Program Office worked closely with the Florida Department of Health in implementing rapid HIV testing in targeted areas of the state through HIV Early Intervention Block Grant funded and SAMHSA funded sites. As of April 30, 2006, the SAMHSA RHTI providers had conducted over 6,850 rapid HIV tests with 114 reactive test results for a positivity rate of 1.6%.

HIV Early Intervention Programs Receiving Funds				
Program	Status	Address	Phone	Funds
Department of Children and Families Substance Abuse and Mental Health Programs, District 15	A	Fort Pierce Regional Service Center, 337 North 4th Street, Suite A, Fort Pierce, FL 34950	772-467-5523	\$21,345
Catholic Charities of Central Florida	U	3510 Biscayne Boulevard, 3rd Floor, Miami, FL 33137	305-576-1234	\$2,845
CARE Community AIDS Resource	U	3510 Biscayne Boulevard, 3rd Floor, Miami, FL 33137	305-576-1234	\$35,525
Substance Abuse and Mental Health Program Offices, District 80	A	1317 Winewood Boulevard, Building 6 Floors 2 and 3, Tallahassee, FL 32399	850-921-8461	\$2,396,926
Lakeview Center, Outpatient Counseling Services	A	1221 West Lakeview Avenue, Building H, Pensacola, FL 32501	850-432-1222	\$39,881
Broward County Elderly &	A	115 South Andrews Avenue, Room	954-537-2936	\$28,530

Veterans Services		516, Fort Lauderdale, FL 33334		
Specialized Treatment Education and Prevention Services, The Center for Drug-Free Living	A	1033 North Pine Hills Road, Suite 300, Orlando, FL 32808	407-522-2144	\$222,420
St. Johns County Health and Human Services	A	1955 US 1 South, Suite C-2, Saint Augustine, FL 32086	904-209-6001	\$5,519
The Jessie Trice Community Health Center	A	1775 NW 60th Street, Miami, FL 33142	305-836-0080	\$1,593
Care Center for Mental Health	A	1205 4th Street, Key West, FL 33040	305-292-6843	\$3,222
Chemical Addictions Recovery Effort	A	4000 East 3rd Street, Panama City, FL 32402	850-872-7676	\$20,231
Covenant House Addictions Management Project	A	733 Breakers Avenue, Fort Lauderdale, FL 33304	954-568-7939	\$38,775
DISC Village Adolescent Treatment Program	A	2967 Natural Bridge Road, Tallahassee, FL 32305	850-421-4115	\$12,897
Drug Abuse Foundation of Palm Beach County Intensive Residential Program	A	400 South Swinton Avenue, Delray Beach, FL 33444	561-732-0800	\$109,344
Eckerd Youth Alternatives, Eckerd Academy at Brooksville	A	397 Culbreath Road, Brooksville, FL 34602	352-796-9493	\$1,055
Gateway Community Services	U	555 Stockton Street, Jacksonville, FL 32204	904-387-4661	\$13,922
House of Hope & Stepping Stones	A	908 SW 1st Street, Fort Lauderdale, FL 33312	954-524-8989	\$83,347
Meridian Behavioral Healthcare, Columbia Counseling Center	A	439 SW Michigan Street, Lake City, FL 32025	352-374-5600	\$80,719
Restoration House Life Restoration Ministries	A	609 North 7th Street, Fort Pierce, FL 34950	772-468-7900	\$19,662
River Region Human Services	A	660 Park Street, Jacksonville, FL	904-359-2680	\$69,179

		32204		
Southwest Florida Addiction Services Outpatient Care	A	3763 Evans Avenue, Fort Myers, FL 33901	239-332-6937	\$19,608
Spectrum Programs Adult Residential Services Broward	A	450 East Atlantic Boulevard, Pompano Beach, FL 33060	954-580-0770	\$56,346
Substance Abuse and Mental Health Program Office, District 9	A	111 South Sapodilla Avenue, West Palm Beach, FL 33401	561-540-5660	\$37,590
Tri County TEC Counseling & Recovery Center	A	Stuart, FL 34995	772-221-4050	\$17,840
Village South	A	400 NE 31st Street, Miami, FL 33137	305-573-3784	\$14,549

Status Key: [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.